

EVENT

Today's Date: \_\_\_\_\_

Organization Requesting Event: \_\_\_\_\_

Type/Purpose of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time: \_\_\_\_\_

Number Attending: \_\_\_\_\_

Is the event open to the public? \_\_\_\_\_

Area of JRTC Requested: Concourse Atrium Outdoor Plaza  
(Please Circle) Assembly Hall Auditorium Covered Arcade Conference/Hearing Rooms

Will event be catered? \_\_\_\_\_ Will alcohol be served? \_\_\_\_\_ If yes, what type of alcohol? \_\_\_\_\_

PRIMARY CONTACT PERSON

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

CLASSIFICATION OF ORGANIZATION

Group Class:

State Agency \_\_\_\_\_ Other Gov't Agency \_\_\_\_\_ Corporate \_\_\_\_\_ Private Individual \_\_\_\_\_ Other \_\_\_\_\_

If Not for Profit Group:

Professional \_\_\_\_\_ Social Service \_\_\_\_\_ Educational \_\_\_\_\_ Religious \_\_\_\_\_

PHYSICAL SET-UP REQUIREMENTS/SPECIAL NEEDS: \_\_\_\_\_

FOR OFFICE USE ONLY

Estimated Fee: \_\_\_\_\_

Notes:

Jerry Adams	_____ Yes	_____ No
CMS Police	_____ Yes	_____ No
Public Affairs	_____ Yes	_____ No

A copy of a photo ID must be attached to application and all information must be filled in completely in order to process request form.

For all food and beverage service,  
contact the Atrium Mall at (312) 346-0777.